



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES**

**COMMUNITY HEALTHCHOICES
EXAMINATION GUIDE SUPPLEMENTAL
GUIDANCE**

**FINANCIAL SCHEDULES AND EXAMINATION
REPORTS**

OCTOBER 2018

**DEPARTMENT OF HUMAN SERVICES
COMMUNITY HEALTHCHOICES
EXAMINATION GUIDE SUPPLEMENTAL
GUIDANCE**

TABLE OF CONTENTS

Page

Financial Schedules, Reports, and Charts

- Attestation Examination Report and Financial Schedules 1
- Compliance Attestation Examination Reports 29
- Claims Processing Reports 34
- Claims Processing Reporting Requirements 38

ATTESTATION EXAMINATION REPORT AND FINANCIAL SCHEDULES

Report 1: The AICPA maintains the suggested language for the Independent Accountant's Attestation Examination Report, on the Financial Schedules specified in CHC Table 1 of the Financial Management Section of the Examination Guide.

If a management letter has been issued as a result of the IPA's examination, copies of this letter must be submitted with, but not necessarily part of the report on the IPA's examination.

NOTE: Report #s 7, 9-12, 14-39 are not used and have been intentionally omitted.

Community HealthChoices (CHC) Schedule - Report #2 Related Party Transactions and Obligations (YTD) Quarterly Report

Report #2 - Related Party Transactions and Obligations (YTD) - Quarterly Report

CHC-MCO Name:
 Zone:
 Statement as of:
 Prepared by:
 Date Prepared:

Submission Type

Name & Address of Related Party/Affiliate	Description of Relationship or Affiliation	Transaction Code *	Description of Transactions	Prior Year Ending Balance	Income	Receipts	Expenses	Distributions	Amount Due From (To)
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
TOTALS	N/A	N/A	N/A	\$0	\$0	\$0	\$0	\$0	\$0

Comments:

* For Transaction Code "09", the MCO is required to provide a detailed explanation of Other Transactions.
 No Entry Required in Shaded Cells.
 (Version dated 7/31/17)

CHC Schedule - Report #4, Parts C and D Lag Report For Pharmacy Services (Part C = Duals, Part D = Non-Duals) – Quarterly Report

Report #4 - Part C - Lag Report for Pharmacy Services for Duals (Rating Region 1) - Quarterly Report

Page 3	
CHC-MCO Name:	0
Rating Region:	0
Statement as of:	January 0, 1900
Prepared by:	0
Date Prepared:	January 0, 1900

Submission Type

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(36)	(37)	(38)	(39)	(40)
... Month in Which Service Provided ...															
Line	Month of Payment	Mar-18	Feb-18	Jan-18	Dec-17	Nov-17	Oct-17	Sep-17	Aug-17	Jul-17	Jun-15	May-15	Apr-15	Months Before 35th	Total
1	Mar-18														-
2	Feb-18	-													-
3	Jan-18	-	-												-
4	Dec-17	-	-	-											-
5	Nov-17	-	-	-	-										-
6	Oct-17	-	-	-	-	-									-
7	Sep-17	-	-	-	-	-	-								-
8	Aug-17	-	-	-	-	-	-	-							-
9	Jul-17	-	-	-	-	-	-	-	-						-
34	Jun-15	-	-	-	-	-	-	-	-	-					-
35	May-15	-	-	-	-	-	-	-	-	-	-				-
36	Apr-15	-	-	-	-	-	-	-	-	-	-	-			-
37	Months Before 35th Prior Month	-	-	-	-	-	-	-	-	-	-	-	-		-
38	Total Claim Payments (Total lines 1 through 37)	-	-	-	-	-	-	-	-	-	-	-	-		-

CHC Schedule - Report #4, Parts E - H

Lag Reports For Other Services – Quarterly Report

Part E – Lag Report for Other Medical Services (Duals)

Part F – Lag Report for Other Medical Services (Non-Duals)

Part G – Lag Report for Personal Assistance Services

Part H – Lag Report for Other HCBS Services

Report #4 - Part G - Lag Report for Personal Assistance Services (Rating Region 1) - Quarterly Report

Page 7

CHC-MCO Name:	0	Submission Type
Rating Region:	0	
Statement as of:	January 0, 1900	
Prepared by:	0	
Date Prepared:	January 0, 1900	

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(36)	(37)	(38)	(39)	(40)
... Month in Which Service Provided ...															
Line	Month of Payment	Mar-18	Feb-18	Jan-18	Dec-17	Nov-17	Oct-17	Sep-17	Aug-17	Jul-17	Jun-15	May-15	Apr-15	Months Before 35th	Total
1	Mar-18														-
2	Feb-18	-													-
3	Jan-18	-	-												-
4	Dec-17	-	-	-											-
5	Nov-17	-	-	-	-										-
6	Oct-17	-	-	-	-	-									-
7	Sep-17	-	-	-	-	-	-								-
8	Aug-17	-	-	-	-	-	-	-							-
9	Jul-17	-	-	-	-	-	-	-	-						-
34	Jun-15	-	-	-	-	-	-	-	-	-					-
35	May-15	-	-	-	-	-	-	-	-	-	-				-
36	Apr-15	-	-	-	-	-	-	-	-	-	-	-			-
37	Months Before 35th Prior Month	-	-	-	-	-	-	-	-	-	-	-	-	-	-
38	Total Claim Payments (Total lines 1 through 37)	-	-	-	-	-	-	-	-	-	-	-	-	-	-

CHC Schedule - Report #5, Parts A – F

Income Statement: Rate Cell Detail – Quarterly Report

Report #5 - Part A - NFCE Dual 21-59 - Quarterly Income Statement

Page 1 of 2

CHC-MCO Name:	0
Zone:	0
Statement As Of:	January 0, 1900
Prepared By:	
Date Prepared:	

Submission Type

Revenues / Expenses	1st Quarter		2nd Quarter				3rd Quarter				4th Quarter				YTD					
	Rating Region 1		Rating Region 2		Rating Region 1		Rating Region 2		Rating Region 1		Rating Region 2		Rating Region 1		Rating Region 2		Rating Region 1		Rating Region 2	
	Quarter \$	Quarter PMPM	YTD	YTD PMPM	YTD	YTD PMPM														
MEMBER MONTHS	-		-		-		-		-		-		-		-		-		-	
REVENUES:																				
1 a Capitation	#DIV/0!		-	#DIV/0!	-	#DIV/0!														
1 b Nursing Facility Access to Care - County Facilities	#DIV/0!		-	#DIV/0!	-	#DIV/0!														
1 c Nursing Facility Access to Care - Private Facilities	#DIV/0!		-	#DIV/0!	-	#DIV/0!														
2 a High Cost Risk Pool	#DIV/0!		-	#DIV/0!	-	#DIV/0!														
2 b Risk Corridor	#DIV/0!		-	#DIV/0!	-	#DIV/0!														
3 Investment Income	#DIV/0!		-	#DIV/0!	-	#DIV/0!														
4 Other	#DIV/0!		-	#DIV/0!	-	#DIV/0!														
5 Reserved	#DIV/0!		-	#DIV/0!	-	#DIV/0!														
6 Reserved	#DIV/0!		-	#DIV/0!	-	#DIV/0!														
7 TOTAL REVENUES (Lines 1a to 6)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!														

CHC Schedule - Report #5, Parts A – F (continued)

Income Statement: Rate Cell Detail – Quarterly Report

Service Expenses:																			
8	Nursing Facility		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
9	Nursing Facility Access to Care - County Facilities		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
10	Nursing Facility Access to Care - Private Facilities		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
11	NURSING FACILITY SUBTOTAL (Lines 8, 9, 10)	-	#DIV/0!																
12	Pharmacy		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
13	PHARMACY SUBTOTAL (Line 12)	-	#DIV/0!																
14	Ambulance/Emergency Room		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
15	Family Planning		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
16	FQHC/RHC		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
17	Home Health		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
18	Hospice		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
19	Inpatient		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
20	Laboratory/Radiology		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
21	Medical DME/Supplies		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
22	Outpatient		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
23	Physician		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
24	Other Medical		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
25	OTHER MEDICAL SUBTOTAL (Lines 14 to 24)	-	#DIV/0!																
26	Personal Assistance (Agency and Self-Directed)		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
27	PERSONAL ASSISTANCE SUBTOTAL (Line 26)	-	#DIV/0!																
28	Structured Day Habilitation		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
29	Employment and Training Services		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
30	Home Health Services		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
31	Participant-Directed Goods/Services and Community Supports		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
32	Pest Eradication		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
33	Residential Habilitation		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
34	Vendor Services		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
35	Specialized Medical Equipment and Supplies		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
36	Waiver - Other		#DIV/0!	-	#DIV/0!	-	#DIV/0!												
37	OTHER HCBS WAIVER SUBTOTAL (Lines 28 to 36)	-	#DIV/0!																

CHC Schedule - Report #5, Parts A – F (continued) Income Statement: Rate Cell Detail – Quarterly Report

Report #5 - Part A - NFCE Dual 21-59 - Quarterly Income Statement

Page 2 of 2

CHC-MCO Name:	0
Zone:	0
Statement As Of:	January 0, 1900
Prepared By:	0
Date Prepared:	January 0, 1900

Quarter	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter				YTD				
	Rating Region 1		Rating Region 2		Rating Region 1		Rating Region 2		Rating Region 1		Rating Region 2		Rating Region 1		Rating Region 2		Rating Region 1		Rating Region 2		
	Quarter \$	Quarter PMPM	Quarter \$	Quarter PMPM	Quarter \$	Quarter PMPM	Quarter \$	Quarter PMPM	Quarter \$	Quarter PMPM	Quarter \$	Quarter PMPM	Quarter \$	Quarter PMPM	Quarter \$	Quarter PMPM	YTD	YTD PMPM	YTD	YTD PMPM	
38	Occupancy (Medical Only)	#DIV/0!	#DIV/0!	#DIV/0!	-	#DIV/0!	-	#DIV/0!													
39	Depreciation (Medical Only)	#DIV/0!	#DIV/0!	#DIV/0!	-	#DIV/0!	-	#DIV/0!													
40	Reinsurance Premiums	#DIV/0!	#DIV/0!	#DIV/0!	-	#DIV/0!	-	#DIV/0!													
41	Reinsurance Recoveries	#DIV/0!	#DIV/0!	#DIV/0!	-	#DIV/0!	-	#DIV/0!													
42	TOTAL SERVICE EXPENSES (Lines 11, 13, 25, 27, 37, and 38 to 41)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!														
43	Care Management/Service Coordination	#DIV/0!	#DIV/0!	#DIV/0!	-	#DIV/0!	-	#DIV/0!													
44	TOTAL ADMINISTRATION	#DIV/0!	#DIV/0!	#DIV/0!	-	#DIV/0!	-	#DIV/0!													
45	MCO Assessment	#DIV/0!	#DIV/0!	#DIV/0!	-	#DIV/0!	-	#DIV/0!													
46	TOTAL EXPENSES (Lines 42 to 45)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!														
47	INCOME (LOSS) FROM OPERATIONS (Line 7 - Line 46)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!														
48	NON-OPERATING INCOME (LOSS) BEFORE TAXES	#DIV/0!	#DIV/0!	#DIV/0!	-	#DIV/0!	-	#DIV/0!													
49	NET INCOME (LOSS) BEFORE INCOME TAXES (Lines 47 and 48)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!														

Comments:

No Entry Required in Shaded Cells.
(Version dated 7/29/17)

CHC Schedule - Report #5, Part G

Income Statement: Summary – Quarterly Report

Report #5 - Part G - DHS Medical Assistance Agreement - Quarterly Income Statement

Page 1 of 2

CHC-MCO Name:	0	Submission Type	
Zone:	0	Original	
Statement As Of:	January 0, 1900		
Prepared By:	0		
Date Prepared:	January 0, 1900		

Revenues / Expenses		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Year-to-Date	
		\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
MEMBER MONTHS		-		-		-		-		-	
REVENUES:											
1 a	Capitation	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
1 b	Nursing Facility Access to Care - County Facilities	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
1 c	Nursing Facility Access to Care - Private Facilities	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
2 a	High Cost Risk Pool	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
2 b	Risk Corridor	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
3	Investment Income	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
4	* Other (If = or > 1% of Line 7, provide details)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
5	Reserved	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
6	Reserved	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
7	TOTAL REVENUES (Lines 1a to 6)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!

CHC Schedule - Report #5, Part G (continued)
Income Statement: Summary – Quarterly Report

Service Expenses:											
8	Nursing Facility	-	#DIV/0!								
9	Nursing Facility Access to Care - County Facilities	-	#DIV/0!								
10	Nursing Facility Access to Care - Private Facilities	-	#DIV/0!								
11	NURSING FACILITY SUBTOTAL (Lines 8, 9, 10)	-	#DIV/0!								
12	Pharmacy	-	#DIV/0!								
13	PHARMACY SUBTOTAL (Line 12)	-	#DIV/0!								
14	Ambulance/Emergency Room	-	#DIV/0!								
15	Family Planning Services	-	#DIV/0!								
16	FQHC/RHC	-	#DIV/0!								
17	Home Health	-	#DIV/0!								
18	Hospice	-	#DIV/0!								
19	Inpatient	-	#DIV/0!								
20	Laboratory/Radiology	-	#DIV/0!								
21	Medical DME/Supplies	-	#DIV/0!								
22	Outpatient	-	#DIV/0!								
23	Physician	-	#DIV/0!								
24	Other Medical	-	#DIV/0!								
25	OTHER MEDICAL SUBTOTAL (Lines 14 to 24)	-	#DIV/0!								
26	Personal Assistance (Agency and Self-Directed)	-	#DIV/0!								
27	PERSONAL ASSISTANCE SUBTOTAL (Line 26)	-	#DIV/0!								
28	Structured Day Habilitation	-	#DIV/0!								
29	Employment and Training Services	-	#DIV/0!								
30	Home Health Services	-	#DIV/0!								
31	Participant-Directed Goods/Services and Community Supports	-	#DIV/0!								
32	Pest Eradication	-	#DIV/0!								
33	Residential Habilitation	-	#DIV/0!								
34	Vendor Services	-	#DIV/0!								
35	Specialized Medical Equipment and Supplies	-	#DIV/0!								
36	Waiver - Other	-	#DIV/0!								
37	OTHER HCBS WAIVER SUBTOTAL (Lines 28 to 36)	-	#DIV/0!								

CHC Schedule - Report #5, Part G (continued)
Income Statement: Summary – Quarterly Report

Report #5 - Part G - DHS Medical Assistance Agreement - Quarterly Income Statement

Page 2 of 2

CHC-MCO Name:	0	Original
Zone:	0	
Statement As Of:	January 0, 1900	
Prepared By:	0	
Date Prepared:	January 0, 1900	

Revenues / Expenses		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Year-to-Date	
		\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
38	Occupancy (Medical Only)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
39	Depreciation (Medical Only)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
40	Reinsurance Premiums	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
41	Reinsurance Recoveries	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
42	TOTAL SERVICE EXPENSES (Lines 11, 13, 25, 27, 37, and 38 to 41)	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
43	Care Management/Service Coordination	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
ADMINISTRATIVE EXPENSES:											
44	Direct Costs General and Operational Management		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
45	Finance		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
46	Claims Processing		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
47	Information Systems		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
48	Pharmacy Administrative Costs		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
49	Marketing		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
50	Network Development		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
51	Member / Enrollment Services		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
52	Fiscal Management Services (FMS) Provider		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
53	Other Direct Costs Administrative Business Expenditures		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
54	Assessments (Sanctions)		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
55	Act 68 Interest Expense		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
56	Indirect Costs Corporate Overhead Allocations		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
57	* Other (If > or = 5% of Line 65, provide details)		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
58	TOTAL ADMINISTRATION	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!

CHC Schedule - Report #5, Part G (continued)
Income Statement: Summary – Quarterly Report

59	MCO Assessment	-	#DIV/0!								
60	TOTAL EXPENSES (Lines 42, 43, 58, and 59)	-	#DIV/0!								
61	INCOME (LOSS) FROM OPERATIONS (Line 7 - Line 60)	-	#DIV/0!								
62	NON-OPERATING INCOME (LOSS) BEFORE TAXES	-	#DIV/0!								
63	NET INCOME (LOSS) BEFORE INCOME TAXES (Lines 61 and 62)	-	#DIV/0!								
64	Income taxes		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!
65	NET INCOME (LOSS) AFTER INCOME TAXES (Line 63 - Line 64)	-	#DIV/0!								
Comments:											
No Entry Required in Shaded Cells.											
[Version dated 7/31/17]											

CHC Schedule - Report #6, Part A

Nursing Facility and Personal Assistance Statistics – Quarterly Report

Report #6 - Part A - Nursing Facility and Personal Assistance Statistics (Rating Region 1) - Quarterly Report

CHC-MCO Name:	0
Rating Region:	0
Statement as of:	January 0, 1900
Prepared by:	
Date Prepared:	
Service Quarter:	
Data Cutoff Date:	

Submission Type

Category of Service	Most Recent Quarter				1st Prior Quarter				4th Prior Quarter				IBNR	Rolling 12-month Total
	1st Service Month ²	2nd Service Month ²	3rd Service Month ²	Most Recent Quarter Total	1st Service Month ²	2nd Service Month ²	3rd Service Month ²	1st Prior Quarter Total	1st Service Month ²	2nd Service Month ²	3rd Service Month ²	4th Prior Quarter Total		
Nursing Facility¹														
County Nursing Facilities														
1 Dollars				0				0				0		0
2 Days				0				0				0		0
3 Number of Participants Who Used a Service														
4 Average Days/User	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
5 Average Per Diem Cost	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
Private Nursing Facilities														
6 Dollars				0				0				0		0
7 Days				0				0				0		0
8 Number of Participants Who Used a Service														
9 Average Days/User	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
10 Average Per Diem Cost	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
Total														
11 Dollars	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12 Days	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13 Number of Participants Who Used a Service														
14 Average Days/User	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
15 Average Per Diem Cost	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
Personal Assistance Services														
Self-Directed														
16 Dollars				0				0				0		0
17 Units				0				0				0		0
18 Number of Participants Who Used a Service														
19 Average Units/User	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
20 Average Unit Cost	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
Agency														
21 Dollars				0				0				0		0
22 Units				0				0				0		0
23 Number of Participants Who Used a Service														
24 Average Units/User	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
25 Average Unit Cost	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
Total														
26 Dollars	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27 Units	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28 Number of Participants Who Used a Service														
29 Average Units/User	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
30 Average Unit Cost	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!

Comments:

No Entry Required in Shaded Cells.
¹Do not include Nursing Facility Access to Care Payments
²The monthly information submitted should be summarized by the service month associated with the "Date of Service" on the claim.
 (Version dated 7/31/17)

CHC Schedule - Report #6, Part B Pharmaceutical Price and Utilization Statistics – Quarterly Report

Report #6 - Part B - Pharmaceutical Price and Utilization Statistics (Rating Region 1) - Quarterly Report

CHC-MCO Name:	0	Submission Type <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
Rating Region:	0	
Statement as of	January 0, 1900	
Prepared by:		
Date Prepared:		
Service Quarter:		
Data Cutoff Date:		

Most Recent Quarter

	Category of Service	Total NFCE Non-Duals
	Pharmacy	
1	Brand Dispensing Fee	
2	Generic Dispensing Fee	
3	Specialty Brand Dispensing Fee	
4	Specialty Generic Dispensing Fee	
5	Average Rebate per Claim (non Specialty)	
6	Average Specialty Rebate per Specialty Claim	
7	Administrative Fee per Claim	
8	Average Discount for Brand Prescriptions (non Specialty)	
9	Average Discount for Generic Prescriptions (non Specialty)	
10	Average Discount for Specialty Brand Prescriptions	
11	Average Discount for Specialty Generic Prescriptions	
12	Percentage of the Specialty Prescription Claims processed through the PBM	
13	Percentage Specialty Reimbursed Amount processed through the PBM	
14	Total Number of Prescription Claims	
15	Total Reimbursed Amount	

Pricing Methodology Used (Ref. Lines 8-11)

Comments:

Fees and rebates per claim should be in dollars and cents.

Discounts and percentages should be rounded to the nearest tenth of a percent.

All other lines should be whole numbers.

No Entry Required in Shaded Cells.

(Version dated 7/31/17)

CHC Schedule - Report #8, Part B(1)
Coordination of Benefits (Provider Reported) – Quarterly Report

Report #8 - Part B - Coordination of Benefits - Provider Reported - Quarterly Report

CHC-MCO Name:	0	Submission Type
Zone:	0	
Statement as of:	January 0, 1900	
Prepared by:	0	
Date Prepared:	January 0, 1900	

Table 1. Number of Claims (Based on Quarter of Service)									
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J
Type of Resource by Type of Claim	Service Dates Prior to Most Recent 7 Quarters	6th Prior Quarter	5th Prior Quarter	4th Prior Quarter	3rd Prior Quarter	2nd Prior Quarter	1st Prior Quarter	Current Quarter	Total
Commercial									
Inpatient									0
Outpatient/Professional									0
Nursing Facility									0
Pharmacy									0
HCBS Waiver									0
Commercial Subtotal	0	0	0	0	0	0	0	0	0
Medicare									
Inpatient									0
Outpatient/Professional									0
Nursing Facility									0
Pharmacy									0
HCBS Waiver									0
Medicare Subtotal	0	0	0	0	0	0	0	0	0
Total Commercial and Medicare	0	0	0	0	0	0	0	0	0

CHC Schedule - Report #8, Part B(1) (continued)
Coordination of Benefits (Provider Reported) – Quarterly Report

Table 2. Allowed Amount (Based on Quarter of Service)									
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J
Type of Resource by Type of Claim	Service Dates Prior to Most Recent 7 Quarters	6th Prior Quarter	5th Prior Quarter	4th Prior Quarter	3rd Prior Quarter	2nd Prior Quarter	1st Prior Quarter	Current Quarter	Total
Commercial									
Inpatient									0
Outpatient/Professional									0
Nursing Facility									0
Pharmacy									0
HCBS Waiver									0
Commercial Subtotal	0	0	0	0	0	0	0	0	0
Medicare									
Inpatient									0
Outpatient/Professional									0
Nursing Facility									0
Pharmacy									0
HCBS Waiver									0
Medicare Subtotal	0	0	0	0	0	0	0	0	0
Total Commercial and Medicare	0	0	0	0	0	0	0	0	0

Table 3. Amount Reported (Based on Quarter of Service)									
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J
Type of Resource by Type of Claim	Service Dates Prior to Most Recent 7 Quarters	6th Prior Quarter	5th Prior Quarter	4th Prior Quarter	3rd Prior Quarter	2nd Prior Quarter	1st Prior Quarter	Current Quarter	Total
Commercial									
Inpatient									0
Outpatient/Professional									0
Nursing Facility									0
Pharmacy									0
HCBS Waiver									0
Commercial Subtotal	0	0	0	0	0	0	0	0	0
Medicare									
Inpatient									0
Outpatient/Professional									0
Nursing Facility									0
Pharmacy									0
HCBS Waiver									0
Medicare Subtotal	0	0	0	0	0	0	0	0	0
Total Commercial and Medicare	0	0	0	0	0	0	0	0	0

Descriptions that would assist in interpreting significant changes or events that have occurred within the current or prior reporting quarters.

No Entry Required in Shaded Cells.
 (Version dated 7/31/17)

CHC Schedule - Report #8, Part B(2)
Coordination of Benefits (MCO Recovered) – Quarterly Report

Report #8 - Part B(2) - Coordination of Benefits - MCO Recovered - Quarterly Report

CHC-MCO Name:	0	Submission Type
Zone:	0	
Statement as of:	January 0, 1900	
Prepared by:	0	
Date Prepared:	January 0, 1900	

Table 1. Number of Claims (Based on Quarter of Service)									
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J
Type of Resource by Type of Claim	Service Dates Prior to Most Recent 7 Quarters	6th Prior Quarter	5th Prior Quarter	4th Prior Quarter	3rd Prior Quarter	2nd Prior Quarter	1st Prior Quarter	Current Quarter	Total
Commercial									
Inpatient									0
Outpatient/Professional									0
Nursing Facility									0
Pharmacy									0
HCBS Waiver									0
Commercial Subtotal	0	0	0	0	0	0	0	0	0
Medicare									
Inpatient									0
Outpatient/Professional									0
Nursing Facility									0
Pharmacy									0
HCBS Waiver									0
Medicare Subtotal	0	0	0	0	0	0	0	0	0
Total Commercial and Medicare	0	0	0	0	0	0	0	0	0

CHC Schedule - Report #8, Part B(2) (continued)
Coordination of Benefits (MCO Recovered) – Quarterly Report

Table 2. Gross Amount Recovered (Based on Quarter of Service)									
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J
Type of Resource by Type of Claim	Service Dates Prior to Most Recent 7 Quarters	6th Prior Quarter	5th Prior Quarter	4th Prior Quarter	3rd Prior Quarter	2nd Prior Quarter	1st Prior Quarter	Current Quarter	Total
Commercial									
Inpatient									0
Outpatient/Professional									0
Nursing Facility									0
Pharmacy									0
HCBS Waiver									0
Commercial Subtotal	0	0	0	0	0	0	0	0	0
Medicare									
Inpatient									0
Outpatient/Professional									0
Nursing Facility									0
Pharmacy									0
HCBS Waiver									0
Medicare Subtotal	0	0	0	0	0	0	0	0	0
Total Commercial and Medicare	0	0	0	0	0	0	0	0	0

Table 3. Net Dollar Amount Recovered by the CHC-MCO (Based on Quarter of Service)									
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J
Type of Resource by Type of Claim	Service Dates Prior to Most Recent 7 Quarters	6th Prior Quarter	5th Prior Quarter	4th Prior Quarter	3rd Prior Quarter	2nd Prior Quarter	1st Prior Quarter	Current Quarter	Total
Commercial									
Inpatient									0
Outpatient/Professional									0
Nursing Facility									0
Pharmacy									0
HCBS Waiver									0
Commercial Subtotal	0	0	0	0	0	0	0	0	0
Medicare									
Inpatient									0
Outpatient/Professional									0
Nursing Facility									0
Pharmacy									0
HCBS Waiver									0
Medicare Subtotal	0	0	0	0	0	0	0	0	0
Total Commercial and Medicare	0	0	0	0	0	0	0	0	0

Describe any significant recovery efforts the MCO or recovery vendor have undertaken that would be useful to DHS in understanding amounts reported and time periods affected.

No Entry Required in Shaded Cells.
 (Version dated 7/31/17)

CHC Schedule - Report #8, Part C
Coordination of Benefits (Vendor Recovered) – Quarterly Report

Report #8 - Part C - Coordination of Benefits - Third Party Direct or Vendor Recovered - Quarterly Report									
CHC-MCO Name:	0								
Zone:	0	Submission Type							
Statement as of:	January 0, 1900								
Prepared by:	0								
Date Prepared:	January 0, 1900								

Table 1. Number of Claims (Based on Quarter of Service)									
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J
Type of Resource by Type of Claim	Service Dates Prior to Most Recent 7 Quarters	6th Prior Quarter	5th Prior Quarter	4th Prior Quarter	3rd Prior Quarter	2nd Prior Quarter	1st Prior Quarter	Current Quarter	Total
Commercial									
Inpatient									0
Outpatient/Professional									0
Nursing Facility									0
Pharmacy									0
HCBS Waiver									0
Commercial Subtotal	0	0	0	0	0	0	0	0	0
Medicare									
Inpatient									0
Outpatient/Professional									0
Nursing Facility									0
Pharmacy									0
HCBS Waiver									0
Medicare Subtotal	0	0	0	0	0	0	0	0	0
Total Commercial and Medicare	0	0	0	0	0	0	0	0	0

CHC Schedule - Report #8, Part C (continued)
Coordination of Benefits (Vendor Recovered) – Quarterly Report

Table 2. Gross Amount Recovered (Based on Quarter of Service)									
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J
Type of Resource by Type of Claim	Service Dates Prior to Most Recent 7 Quarters	6th Prior Quarter	5th Prior Quarter	4th Prior Quarter	3rd Prior Quarter	2nd Prior Quarter	1st Prior Quarter	Current Quarter	Total
Commercial									
Inpatient									0
Outpatient/Professional									0
Nursing Facility									0
Pharmacy									0
HCBS Waiver									0
Commercial Subtotal	0	0	0	0	0	0	0	0	0
Medicare									
Inpatient									0
Outpatient/Professional									0
Nursing Facility									0
Pharmacy									0
HCBS Waiver									0
Medicare Subtotal	0	0	0	0	0	0	0	0	0
Total Commercial and Medicare	0	0	0	0	0	0	0	0	0

Table 3. Net Dollar Amount Recovered by the Vendor(Based on Quarter of Service)									
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J
Type of Resource by Type of Claim	Service Dates Prior to Most Recent 7 Quarters	6th Prior Quarter	5th Prior Quarter	4th Prior Quarter	3rd Prior Quarter	2nd Prior Quarter	1st Prior Quarter	Current Quarter	Total
Commercial									
Inpatient									0
Outpatient/Professional									0
Nursing Facility									0
Pharmacy									0
HCBS Waiver									0
Commercial Subtotal	0	0	0	0	0	0	0	0	0
Medicare									
Inpatient									0
Outpatient/Professional									0
Nursing Facility									0
Pharmacy									0
HCBS Waiver									0
Medicare Subtotal	0	0	0	0	0	0	0	0	0
Total Commercial and Medicare	0	0	0	0	0	0	0	0	0

Describe any significant recovery efforts the recovery vendor or third party have undertaken that would be useful to DHS in understanding amounts reported and time periods affected.

No Entry Required in Shaded Cells.
 (Version dated 7/31/17)

**CHC Schedule - Report #13 Part A
Subcapitation Data Summary Report – Quarterly Report**

Report #13 - Part A - Subcapitation Data Summary Report - Quarterly Report

CHC-MCO Name:	0	Submission Type
Zone:	0	Original
Statement as of:	January 0, 1900	
Prepared by:		
Date Prepared:		

Category of Provider	Payment Method	Month of Service				
		Jan-00	Feb-00	Mar-00	Apr-00	Dec-00
1. Nursing Facility	FFS - YES	0	0	0	0	0
	FFS - NO	0	0	0	0	0
2. Pharmacy	FFS - YES	0	0	0	0	0
	FFS - NO	0	0	0	0	0
3. Other Medical	FFS - YES	0	0	0	0	0
	FFS - NO	0	0	0	0	0
4. Personal Assistance	FFS - YES	0	0	0	0	0
	FFS - NO	0	0	0	0	0
5. Other HCBS Waiver	FFS - YES	0	0	0	0	0
	FFS - NO	0	0	0	0	0
6. N/A	FFS - YES	N/A	N/A	N/A	N/A	N/A
	FFS - NO	N/A	N/A	N/A	N/A	N/A
7. N/A	FFS - YES	N/A	N/A	N/A	N/A	N/A
	FFS - NO	N/A	N/A	N/A	N/A	N/A

Comments:

No Entry Required in Shaded Cells
(Version dated 7/31/17)

NOTES TO THE FINANCIAL SCHEDULES

The following Notes to the Financial Schedules **must** be included. **In those instances where any of the following issues is non-existent or immaterial, the issue should be reported as such within the Notes:**

- Basis of accounting
- Ownership of entities
- Description/basis of accruing health care costs
- Disclosure of significant business, management and provider contracts or arrangements
- Commitments and contingencies
- Related party transactions
- Subsequent events
- Risks and uncertainties
- Information about reinsurance arrangements
- Estimation methodology used to determine the amount of IBNRs
- Methodologies used for allocation of all revenues and/or expenses attributed to various recipient groups

COMPLIANCE ATTESTATION EXAMINATION REPORT

COMPLIANCE ATTESTATION EXAMINATION REPORT

NOTE: The AICPA maintains the suggested language for the Independent Accountant's Compliance Attestation Examination Report, with respect to Management's Assertions on Management Information System/Encounter Data Reporting, Health Service Delivery System/Provider Incentive Arrangements, and Claims Processing.

COMPLIANCE ATTESTATION EXAMINATION REPORT

Report of Management on Compliance

We, as members of management of (the Plan), are responsible for (a.) identifying applicable compliance requirements, (b.) establishing and maintaining internal controls over compliance and complying with the requirements specified in the Claims Processing, MIS/Encounter Data Reporting, and Health Service Delivery System/Provider Incentive Arrangements as specified in the HealthChoices Behavioral/Physical Health and Community HealthChoices Examination Guide (the Guide) issued by the Commonwealth of Pennsylvania, Department of Human Services (DHS) for the period January 1, 20XX to December 31, 20XX, (c.) monitoring and evaluating compliance with these requirements, and (d.) specifying reports that satisfy contractual requirements. We have performed an evaluation of our compliance with the aforementioned requirements. Based on this evaluation, we assert that during the year ended December 31, 20XX, the Plan (has/ has not) complied in all material respects as described in the following:

1. Claims Processing

Compliance Requirement A

- The Plan has a claims processing system and MIS sufficient to support the provider payment and reporting requirements specified in the Community HealthChoices Agreement, Section VII. Financial Requirements., except for the following:
 - a) Reason a (if applicable)
 - b) Reason b (if applicable)

Compliance Requirement B

- The Plan took all reasonable measures to identify legally liable third parties and treat verified Third Party Liability (TPL) as a resource of the Medicaid recipient except for the following:
 - a) Reason a (if applicable)
 - b) Reason b (if applicable)

Compliance Requirement C

- The Plan established, and adheres to its established written policies and procedures for the detection and prevention of fraud and abuse by health care providers, recipients, or the Plan employees as described in the Community HealthChoices Agreement, Section V. Fraud and Abuse., except for the following:
 - a) Reason a (if applicable)
 - b) Reason b (if applicable)

COMPLIANCE ATTESTATION EXAMINATION REPORT

Compliance Requirement D

- The Plan develops, implements and maintains a provider complaint and appeals system which provides for informal settlement of provider complaints at the lowest level and a formal appeals process for those which cannot be resolved informally, except for the following:
 - a) Reason a (if applicable)
 - b) Reason b (if applicable)

Compliance Requirement E

- The Plan (has/has not) accurately compiled Report #3 Part A in accordance with the Claims Processing Reporting Requirements.
 - Report #3A – Parts A, C, E and G include information on ALL claims identified as clean as of the date the report was prepared.
 - Claims are appropriately identified as clean or not clean.
 - Report #3A – Parts B, D, F and H include information on ALL claims as of the date the report was prepared.
 - Every claim entered into the claims processing/computer information system that is not a rejected claim is adjudicated.
 - An electronic file of rejected claims, including a reason or reason code for rejection is maintained.
 - The amount of time required to adjudicate a paid claim is computed by comparing the date the claim was received with the check date or the transmission date of an electronic payment. For provider negative balance situations, where a check may not be produced until a balance is cleared, provider paid notice date can be used in lieu of the check date.
 - The amount of time required to adjudicate a denied claim is computed by comparing the date the claim was received with the denial notice date or the transmission date of an electronic denial notice.
 - Checks are mailed no later than three workdays from the check date.

COMPLIANCE ATTESTATION EXAMINATION REPORT

2. MIS/Encounter Data Reporting

Compliance Requirement F

- The Contractor maintained appropriate systems and mechanisms to obtain all necessary data from its health care providers to ensure its ability to comply with the encounter data reporting requirements as required by the Community HealthChoices Agreement except for the following:
 - a) Reason a (if applicable)
 - b) Reason b (if applicable)

Compliance Requirement G

- An “encounter” records encounter data where no actual payment takes place. The Contractor (does/does not) submit a person level encounter record each time a member has an encounter with a provider. The Contractor (does/does not) submit a person level encounter record for each claim and encounter received.

Compliance Requirement H

- The Contractor maintained appropriate systems and mechanisms to obtain all necessary data from its health care providers to ensure its ability to comply with the MCO Pharmacy Encounter reporting requirements as required by the Community HealthChoices Agreement except for the following:
 - a) Reason a (if applicable)
 - b) Reason b (if applicable)

3. Health Service Delivery System/Provider Incentive Arrangements

Compliance Requirement I

- The Plan agrees that its contracts and subcontracts with providers is in compliance with 42 CFR Section 422.208 and 422.210, regarding Physician Incentive Arrangements as outlined in the Community HealthChoices Agreement except for the following:
 - a) Reason a (if applicable)
 - b) Reason b (if applicable)

Compliance Requirement J

(If at SFR)

- The Plan makes proper disclosure and monitors disclosure requirements that apply to its direct contracting and subcontracting arrangements with providers, except for the following:
 - a) Reason a (if applicable)
 - b) Reason b (if applicable)

COMPLIANCE ATTESTATION EXAMINATION REPORT

(If not at SFR)

- The Plan made proper annual disclosure to DHS concerning Provider Incentive Plans, has a plan in place to provide Medicaid recipients with information on provider incentive arrangements when requested by a recipient, and monitors disclosure requirements that apply to its direct contracting and subcontracting arrangements.

Compliance Requirement K

(If at SFR)

- The Plan monitors the adequacy of stop-loss protection for physicians and/or physician's groups at SFR, except for:
 - a) Reason a (if applicable)
 - b) Reason b (if applicable)

(If not at SFR)

- Compliance Requirement L is not applicable.

Compliance Requirement L

(If at SFR)

- The Plan (did/did not) perform a customer satisfaction survey of its current Medicaid enrollees as well as those who disenrolled in the last 12 months (for reasons other than loss of eligibility or relocation outside of the service area). It (was /was not) conducted within one year of the date on which the MCO is required to disclose referral withhold bonus payments. It (was/was not) conducted annually thereafter for as long as the physician or physician's group is at SFR.

(If not at SFR)

- Compliance Requirement M is not applicable.

Compliance Requirement M

- The plan accurately and completely compiles the transactions and obligations to and from related parties in accordance with the requirements included in the FRR and the Community HealthChoices Agreement.

CHC Schedule - Report #3 Part A Claims Processing Report – Monthly Report

Report #3A - Claims Monthly Report												
CHC-MCO Name:												
Zone:												
Month of Claim Receipt:												
Information Available through:												
Prepared by:												
Date Prepared:												
Submission Date:												
Submission Due Date:												
Member Months as of	#####											

Inpatient (IP) Claims												
Inpatient Claims Processed by the MCO	Claims Received	Claims Paid Within 30 Days	Claims Denied Within 30 Days	Claims Paid 31 - 45 Days	Claims Denied 31 - 45 Days	Claims Paid 46 - 90 Days	Claims Denied 46-90 Days	Claims Paid Over 90 Days	Claims Denied Over 90 Days	Claims Rejected	Claims Not Yet Adjudicated	Total Claims - Cross Check
Clean Claims - Inpatient (Part A)												0
All Claims - Inpatient (Part B)												0
Inpatient Claims Processed by Subcontractors	Claims Received	Claims Paid Within 30 Days	Claims Denied Within 30 Days	Claims Paid 31 - 45 Days	Claims Denied 31 - 45 Days	Claims Paid 46 - 90 Days	Claims Denied 46-90 Days	Claims Paid Over 90 Days	Claims Denied Over 90 Days	Claims Rejected	Claims Not Yet Adjudicated	Total Claims - Cross Check
Subcontractor #1 Name:												
Clean Claims - Inpatient (Part A)												0
All Claims - Inpatient (Part B)												0
Subcontractor #2 Name:												
Clean Claims - Inpatient (Part A)												0
All Claims - Inpatient (Part B)												0
Nursing Facility (NF) Claims												
Nursing Facility Processed by the MCO	Claims Received	Claims Paid Within 30 Days	Claims Denied Within 30 Days	Claims Paid 31 - 45 Days	Claims Denied 31 - 45 Days	Claims Paid 46 - 90 Days	Claims Denied 46-90 Days	Claims Paid Over 90 Days	Claims Denied Over 90 Days	Claims Rejected	Claims Not Yet Adjudicated	Total Claims - Cross Check
Clean Claims - Nursing Facility (Part C)												0
All Claims - Nursing Facility (Part D)												0
Nursing Facility Claims Processed by Subcontractors	Claims Received	Claims Paid Within 30 Days	Claims Denied Within 30 Days	Claims Paid 31 - 45 Days	Claims Denied 31 - 45 Days	Claims Paid 46 - 90 Days	Claims Denied 46-90 Days	Claims Paid Over 90 Days	Claims Denied Over 90 Days	Claims Rejected	Claims Not Yet Adjudicated	Total Claims - Cross Check
Subcontractor #1 Name:												
Clean Claims - Nursing Facility (Part C)												0
All Claims - Nursing Facility (Part D)												0
Subcontractor #2 Name:												
Clean Claims - Nursing Facility (Part C)												0
All Claims - Nursing Facility (Part D)												0

CHC Schedule - Report #3 Part A (continued)

Claims Processing Report – Monthly Report

HCBS Waiver Claims												
HCBS Waiver Processed by the MCO	Claims Received	Claims Paid Within 30 Days	Claims Denied Within 30 Days	Claims Paid 31- 45 Days	Claims Denied 31- 45 Days	Claims Paid 46 - 90 Days	Claims Denied 46- 90 Days	Claims Paid Over 90 Days	Claims Denied Over 90 Days	Claims Rejected	Claims Not Yet Adjudicated	Total Claims - Cross Check
Clean Claims - HCBS Waiver (Part E)												0
All Claims - HCBS Waiver (Part F)												0
HCBS Waiver Claims Processed by Subcontractors	Claims Received	Claims Paid Within 30 Days	Claims Denied Within 30 Days	Claims Paid 31- 45 Days	Claims Denied 31- 45 Days	Claims Paid 46 - 90 Days	Claims Denied 46- 90 Days	Claims Paid Over 90 Days	Claims Denied Over 90 Days	Claims Rejected	Claims Not Yet Adjudicated	Total Claims - Cross Check
Subcontractor #1 Name:												
Clean Claims - HCBS Waiver (Part E)												0
All Claims - HCBS Waiver (Part F)												0
Subcontractor #2 Name:												
Clean Claims - HCBS Waiver (Part E)												0
All Claims - HCBS Waiver (Part F)												0
Other Claims (Not Inpatient, Nursing Facility, HCBS Waiver, or Pharmacy)												
Other than IP, NF, HCBS Waiver, or Pharmacy Claims Processed by the MCO	Claims Received	Claims Paid Within 30 Days	Claims Denied Within 30 Days	Claims Paid 31- 45 Days	Claims Denied 31- 45 Days	Claims Paid 46 - 90 Days	Claims Denied 46- 90 Days	Claims Paid Over 90 Days	Claims Denied Over 90 Days	Claims Rejected	Claims Not Yet Adjudicated	Total Claims - Cross Check
Clean Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part G)												0
All Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part H)												0
Other than IP, NF, HCBS Waiver, or Pharmacy Claims Processed by Subcontractors	Claims Received	Claims Paid Within 30 Days	Claims Denied Within 30 Days	Claims Paid 31- 45 Days	Claims Denied 31- 45 Days	Claims Paid 46 - 90 Days	Claims Denied 46- 90 Days	Claims Paid Over 90 Days	Claims Denied Over 90 Days	Claims Rejected	Claims Not Yet Adjudicated	Total Claims - Cross Check
Subcontractor Name:												
Clean Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part G)												0
All Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part H)												0
Dental Subcontractor Name:												
Clean Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part G)												0
All Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part H)												0
Vision Subcontractor Name:												
Clean Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part G)												0
All Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part H)												0
Other Subcontractor Name:												
Clean Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part G)												0
All Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part H)												0
Other Subcontractor Name:												
Clean Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part G)												0
All Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part H)												0
Other Subcontractor Name:												
Clean Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part G)												0
All Claims - Other than IP, NF, HCBS Waiver, or Pharmacy (Part H)												0

Beyond this Page, no numbers need to be entered. Only provide Comments.

CHC Schedule - Report #3 Part A (continued) Claims Processing Report – Monthly Report

January 1900 Claims Processing Estimated Penalties												
0	Clean Claims Received+ All Non-Adjudicated Claims	Clean Claims Adjudicated (30 Days)	% of Clean Claims Adjudicated (30 Days) 90% *	30 Day Clean Claims Adjudication Percentage Estimated Penalty	Clean Claims Adjudicated (45 Days)	% of Clean Claims Adjudicated (45 Days) 100% *	45 Day Clean Claims Adjudication Percentage Estimated Penalty	All Claims Received	All Claims Adjudicated (90 Days)	% of All Claims Adjudicated (90 Days) 100% *	90 Day All Claims Adjudication Percentage Estimated Penalty	Total Estimated Penalty
January 0, 1900												
Community HealthChoices - Inpatient												
0	0	0			0			0	0			
Community HealthChoices - Nursing Facility												
0	0	0			0			0	0			
Community HealthChoices - HCBS Waiver												
January 0, 1900												
0	0	0			0			0	0			
Community HealthChoices - Other than IP, NF, HCBS Waiver, or Pharmacy												
0	0	0			0			0	0			
Total - Inpatient												
	0	0		\$0	0		\$0	0	0		\$0	\$0
Total - Nursing Facility												
	0	0		\$0	0		\$0	0	0		\$0	\$0
Total - HCBS Waiver												
	0	0		\$0	0		\$0	0	0		\$0	\$0
Total - Other than IP, NF, HCBS Waiver, or Pharmacy												
	0	0		\$0	0		\$0	0	0		\$0	\$0
Program recipients for the month						0	** Claims Processing Penalties					\$0
Timeliness Penalties												
Total of All Penalties (Subject to DHS's Approval)											\$0	
Approved Penalty Reduction (FOR DHS USE ONLY)											\$0	
FINAL PENALTY APPLIED											\$0	

* Standard per contract. The Department is allowing a 0.5% deviation (99.5% to 99.9%) for the 100% requirement.
 ** Claims Processing Penalties include 1/3 sanction reduction for plans with 100,000 or less but more than 50,000 recipients.
 ** Claims Processing Penalties include 2/3 sanction reduction for plans with less than 50,000 recipients.

CHC Schedule - Report #3 Part A (continued) Claims Processing Report – Monthly Report

Comments:												
January 1900	Denied Claims							Non-Adjudicated Claims				
0	Clean Claims Received+ All Non-Adjudicated	Clean Claims Denied (30 Days)	% of Clean Claims Denied (30 Days)	Clean Claims Denied (45 Days)	% of Clean Claims Denied (45 Days)	All Claims Received	All Claims Denied (Within 90 and Over 90 Days)	% of Clean Claims Denied (Within 90 & Over 90)	Claims Rejected	% of Claims Rejected Vs. All Claims	Claims Not Yet Adjudicated	% of Claims Not Yet Adjudicated Vs. All Claims
0												
0	0	0	0	0	0	0	0	0	0	0	0	0
Total - Inpatient	0	0	0	0	0	0	0	0	0	0	0	0
Total - Nursing Facility	0	0	0.00%	0	0.00%	0	0	0.00%	0	0	0	0.00%
Total - HCBS Waiver	0	0	0.00%	0	0.00%	0	0	0.00%	0	0	0	0.00%
Total - Other than IP, NF, HCBS Waiver, or Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0

Comments:

No Entry Required in Shaded Cells.
(Version dated 7/31/17)

MONTHLY CLAIMS CERTIFICATION STATEMENT OF

(CHC-MCO Name)

TO THE

PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES FOR THE MONTH ENDED

(Month/Day/Year)

Name of Preparer

Title

Phone Number

Please check which reports are included with this packet:

Report #3 Parts A and B

I hereby attest that the information submitted in the reports herein is current, complete and accurate to the best of my knowledge. I understand that whoever knowingly and willfully makes or causes to be made a false statement or representation on the reports may be prosecuted under applicable state laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate, or where the entity already participates, a termination of a MCO's agreement or contract with the Department of Human Services.

Date

Name and Title

Signature